

Case Study for Otago Exercise Program

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Purpose

- The purpose of this sdeck is to provide a guide for both payors and therapists through the process of evaluating, treating, and documentation for a patient who receives the Otago Exercise Program (OEP) to address impairments in gait and balance
- The OEP is an evidence-based program that has been validated to prevent falls in high-risk, community-dwelling older adults with demonstrated impairments in balance
- The OEP is delivered at an innovative frequency of 4 visits over 8 weeks and follow up visits at 6, 9, and 12 months for appropriate patients.

First Steps: Setting Up Your Practice Documentation

- Set up documentation systems to guarantee certification of plan of care and appropriate reporting of other metrics
- Ensure the patient is appropriate for therapy
- You may want to check with your Medicare beneficiary first before sending first claim to minimize denials later
- Include all documentation of evaluation and plan of care

Medicare Documentation For Certification

Prior to seeing a patient – make sure the following documentation systems are in place to ensure coverage and payment of a therapy claim

1. Plans for furnishing services established by a physician/NPP or by the therapist providing services
2. Plans of care are periodically reviewed by a physician/NPP
3. Services are furnished while the individual is under the care of a physician

☐ **A physician/NPP certifies that the above three conditions are met to ensure payment**

Additional Reporting Requirements

In addition to certification the following must be included to ensure coverage and payment of services

- ☐ Claims submitted for outpatient (and CORF) PT, OT, and SLP services must contain the National Provider (NPI) of the certifying physician identified for a PT, OT, and SLP plan of care. This requirement is effective for claims with dates of service on or after October 1, 2012.
- ☐ Claims submitted for outpatient (and CORF) PT services must contain the required functional limitation reporting.
- ☐ The patient's functional limitations(s) reported on claims must be consistent with functional limitations identified as part of therapy plan of care and expressed as part of the patient's long term goals.

<http://www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/>

Finally, PQRS

- Physical therapists who qualify for the Physician Quality Reporting System (PQRS) must select 3 quality measures for all patients
- Falls consists of two measures (PQRS 154&155) which must be reported together to be eligible
- PQRS for falls consists of
 - Screening all patients over the age of 65 for fall risk at least once every 12 months
 - Positive screens require a falls risk assessment (#154)
 - All patients who receive a risk assessment must then receive a plan of care (#155)

Now.. The patient



Mary

- 83 year old woman
- Referred by her physician to be seen by Medicare Part B provider for strength/mobility impairments after a 4 day hospitalization due to pneumonia
- Lives at home with 85 year old husband, daughter lives 2 miles away
- Has a history of arthritis, hypertension, Type 2 diabetes controlled by diet and medication
- Was independent prior to hospitalization but “slowing down”
- Experienced two falls in the house over the past 12 months

Evaluation

- Therapist completes full evaluation
- Therapist screens for fall risk as part of PQRS; Therapist uses the [STEADI tool](#) as the screen
- Mary screens positive at risk with 2 falls in the last 12 months
 - Per STEADI, the therapist administers 3 functional tests to further assess fall risk
 - Per PQRS the therapist performs a multi-factorial fall risk assessment including polypharmacy , vision, postural hypotension, and home fall hazards, in addition to the functional measures

http://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Pay_for_Performance/PQRS/2014/2014_PQRS_154.pdf

Mary – Objective Measures

- The therapist uses standardized functional measures to assess limitations of strength, function, mobility and balance
 - 30 second chair stand
 - **0 Chair Rises = 100% Impaired G Code CN**
 - 4-Stage Balance: semi-tandem stance 4 seconds
 - **80% Impaired G Code CL**
 - Timed Up & Go: 20 seconds using FWW
 - **100% Impaired G Code CN**
- The therapist reports the TUG score for the functional limitation reporting

Mary – Fall Risk Factor Assessment

- Per PQRS, the therapist assesses the following
 - Polypharmacy
 - 7 medications on a daily basis to manage her health issues plus antibiotics for the pneumonia
 - One over the counter sleep aid
 - Vision impairment
 - Negative – corrected with glasses
 - Postural Hypotension
 - Positive - Sitting BP 120/80; Standing after 2 minutes of quiet resting – 95/70
 - Home environment
 - Positive per patient completion of [Check For Safety](#) Brochure

Fall Risk Factor

- Per the STEADI algorithm, the therapist integrates the following into their evaluation
 - Cognitive Screen
 - Negative per Mini-Cog
 - Feet and Footwear
 - Incontinence
 - Depression
 - Use of mobility aids
- In addition to fall risk, the therapist finds impairments in balance and endurance

Checking In With The Audience

- ☐ You have your documentation system set up
- ☐ You have reported on the first PQRS measure for Falls (#154 – Fall Risk Assessment)
- ☐ You still need to report on the second PQRS measures (#155 Plan of Care)
- ☐ You have functional limitation measures and G-Codes
- ☐ You still need to determine if Mary is appropriate for Physical Therapy

Does Mary Require Skilled Therapy?

- Medicare Policy
 - Patient demonstrates need for reasonable and necessary skilled therapy
 - Skilled therapy must be delivered by a qualified provider

Mary's prior level of function was independent. She is at risk of transitioning to a more frail state based on her functional measures. She would benefit from skilled therapy to safely progress her to the maximum level of function

Does Mary Require Skilled Therapy?

- Medicare Policy
 - The services shall be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition
 - Specific standards determined by
 - Medicare manuals (such as Publications 100-02, 100-03, and 100-04)
 - Contractors Local Coverage Determinations (LCDs and NCDs are available on the Medicare Coverage Database: <http://www.cms.hhs.gov/mcd>)
 - Guidelines and literature of the professions of physical therapy, occupational therapy and speech-language pathology

What is Reasonable & Necessary

- Medicare Policy
 - Therapy provided is an effective treatment for patient's condition
 - As deemed by
 - Medicare manuals (Publications 100-02, 100-03, and 100-04),
 - Contractors Local Coverage Determinations
<http://www.cms.hhs.gov/mcd>)
 - Guidelines and literature of the profession-of physical therapy

*Mary has demonstrated fall risk, we know that balance and strength exercises are an effective intervention to prevent falls**

*Gillespie LD, Robertson MC, Gillespie WJ, et al. Interventions for preventing falls in older people living in the community. *Cochrane Database Syst Rev.* 2012;9:CD007146.

What is Reasonable & Necessary

- Medicare Policy
 - Therapy at a level of complexity or condition of patient such that for services to be safely and effectively provided a therapist is required
 - The diagnosis should not be the only deciding factor in need for skilled therapy
 - Is a skilled therapist needed to treat how the diagnosis presents in the patient

What is Reasonable & Necessary

- Medicare Policy
 - Expectation that condition will improve in a reasonable period of time or services necessary for establishment of a safe maintenance program
 - The amount, frequency and duration of the services reasonable and under accepted standards

Otago is typically delivered in 6 – 9 visits over a year period. The therapist will see Mary for 2x/week for 2 weeks to improve balance and endurance and then begin Otago. It is anticipated the therapist will see Mary for a maximum of 13 visits over the duration of the plan of care, which falls within a reasonable range for this diagnosis and should put Mary well below the current outpatient cap of \$1900/year.

Assessment

- Mary is at high risk for falls per fall history and objective measures
- She would be appropriate for The Otago Exercise Program
- Mary is too frail to fully engage in the program on the first day of therapy
- The therapist delays start of Otago until Mary's function improves-to at least 60-80% impaired per Timed up and Go test (16-18 seconds for TUG)

What is Reasonable & Necessary?

- *Mary's balance is significantly impaired per objective measures and has potential to improve but is at risk for additional falls. She requires a licensed professional to progress safely.*
- *Mary is 82 years old, community-dwelling and frail. The literature supports she is most likely to achieve a protective effect against falls and fall-related injuries from a long duration, low frequency physical therapy intervention such as the Otago Exercise Program.*

Sherrington C, Tiedemann A, Fairhall N, Close JC, Lord SR. Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations. *N S W Public Health Bull.* Jun 2011;22(3-4):78-83.

Thomas S. Does the Otago Exercise Programme reduce mortality and falls in older adults?: A systematic review and meta analysis. *Age and Ageing.* 2010;39:681-687.

Documentation Requirements

- Evaluation and Plan of Care
- Certification (physician/NPP approval of the plan) and re-certifications per Medicare policies. Certification (and recertification of the plan when applicable) required for payment and must be submitted when records are requested after the certification or recertification is due
- Progress Reports (including Discharge Notes, if applicable) when records are requested after the reports are due
- Treatment notes for each treatment day (may also serve as progress reports when required information is included in the notes)
- **A separate justification statement may be included either as a separate document or within the other documents if the provider/supplier wishes to assure the contractor understands their reasoning for services that are more extensive than is typical for the condition treated. A separate statement is not required if the record justifies treatment without further explanation.**

The separate justification statement may be helpful when starting a patient on the OEP given the unique frequency and duration of the program

Mary

- Evaluation documentation
 - Appropriate ICD code for balance impairment and mobility limitation
 - Example - Gait abnormality (ICD-9 781.2) Muscle Weakness (ICD-9 728.87)
 - G Code for Mobility (walking & moving around functional limitations)
 - G8978 (current status) Modifier CN per Timed Up and Go
 - G8979 (projected status) Modifier CI per Timed up and Go

A note about G-Codes

- 2 sets of G-codes and modifiers must be included on claim forms for all of the following
 - When the initial evaluation or reevaluation (97001, 97002) is furnished and billed
 - At least once every 10 treatment days, corresponding with the progress reporting period
 - When reporting of a particular functional limitation is ended in cases where the need for further therapy is necessary
 - When reporting is begun for a new or different functional limitation within the same episode of care
 - At the time of discharge

Plan of Care

- Diagnoses

Gait abnormality (ICD-9 781.2) Muscle Weakness (ICD-9 728.87)

- Long term treatment goals

Mary to objectively improve lower extremity strength and mobility to score low for fall risk

0 - 20% impairment in Timed Up and Go

Able to perform 10 chair rises in 30 seconds

Able to hold single leg stance for 10 seconds

Plan of Care

- Type, amount, duration and frequency of therapy services

Mary will receive physical therapy 1-2 times a week for two weeks to improve strength and mobility, and then transition to the Otago Exercise Program and be seen four times over 8 weeks and then a follow up visit at 6 months and 12 months to ensure progress

Plan of Care - PQRS

- To ensure the therapist qualifies for PQRS, must report on PQRS#155, Falls Plan of Care which must include documentation of
 - Vitamin D supplementation if appropriate
 - Balance, strength, or gait training or a referral to Physical Therapy (check that one off the list!)

Justification Statement

- The patient will be seen 2x a week for two weeks to improve to 50% impaired on mobility measures. At that point, the patient will be transitioned to a low-frequency long duration plan of care in order to maximize patient outcomes with a lower number of visits.
- Research studies have demonstrated that episodes of balance and strengthening programs that last longer than 12 weeks and in which the patient does the exercises and is progressed by the therapist result in better outcomes.
- Continued on next slide

Campbell AJ, Robertson MC. Otago Exercise Programme to Prevent Falls In Older People: A home-based, individually tailored strength and balance retraining program. Otago2003.

Justification Statement

- Continued
- The Otago Exercise Program is an evidence-based program designed to improve leg strength and balance. It is most effective for frail older adults who demonstrate risk for falls based on objective measures. The OEP is designed to meet the minimum dose of exercise to achieve a protective effect, 50 hours over 6 months. To that end, when the patient has demonstrated 50% impairment in mobility she will be transitioned over to the OEP to achieve < 20% impairment.

Checking In With Audience

- The therapist submitted Evaluation and Plan of Care for certification by the physician/NPP
- The therapist submitted Functional Limitation Codes for current status and goal
- The therapist submitted PQRS documentation



Progress – Month 1

- After 4 treatments focusing on gait training and lower extremity strength over 2 weeks, Mary has significantly progressed but still performs age and gender-based normative values for fall risk
 - 30 second chair stand: 2
 - 4-Stage Balance: semi-tandem stance 10 seconds
 - Timed Up & Go: 16 seconds without assistive device

Month 1

- Therapist transitions Mary to the Otago Exercise Program to continue to address strength and balance deficits
- Diagnosis Code – remains the same
- G Code – remains the same
- Additional documentation – none needed at this point in time

Otago Implementation Schedule

| Month | 1 | | | | 2 | | 3 | 4 | 5 | 6 |
|---|-----------|-------|---|-------|-------|-------|------|------|------|-------|
| Week | 1 | 2 | 3 | 4 | 6 | 8 | | | | |
|  | RX OEP | Visit | | Visit | Visit | Visit | | | | Visit |
|  | | | | | | | Call | Call | Call | |
| | | | | | | | | | | |

| Month | 7 | 8 | 9 | 10 | 11 | 12 |
|---|------|------|-------|------|------|----------|
| Week | | | | | | |
|  | | | Visit | | | Visit/DC |
|  | Call | Call | | Call | Call | |

Mary – Week 1 Otago

- Visit 1 – The PT performs any additional treatment and then prescribes Mary her exercises from the OEP. Mary is instructed to do the exercises every other day. The PT downloads videos to remind Mary how to do the exercises. The PT loans Mary a set of ankle weights
- Mary is still demonstrating progress and this should not be considered maintenance phase
- The PT documents the treatment and the patient's response to treatment.

Mary – Week 2 Otago

- Visit 2 – The PT evaluates Mary's progress and modifies the exercises appropriately to ensure Mary is challenged
- The therapist instructs the patients in any modifications and ensures Mary can return demonstration of the exercises.
- The PT documents the treatment

Mary – Week 4 Otago

- Visit 3 - PT assesses Mary's progress with objective measures and reviews the exercise program. Mary has increased repetitions. She is ready for more challenging balance exercises with a hand hold assist
- Mary demonstrates improvement still not at normative values
 - 30 second chair stand: 4 (70% impaired, CL)
 - 4-Stage Balance: semi-tandem stance 10 seconds (50% impaired, CK)
 - TUG: 13 seconds without assistive device (30% impaired, CJ)

Mary – Week 4 Otago

- The PT prescribes 10 minutes of walking, twice a day on alternating strength training days
- Documentation to demonstrate Mary's progress and continued need for skilled therapy for safe and appropriate progression of exercises

Mary – Week 6 Otago

- Visit 4 – Mary continues to progress in strength and balance but still requires a hand hold assist for the balance exercises in walking. The therapist has discontinued the terminal knee extension exercise and added in more squatting exercises. Mary can now walk 15 minutes twice a day
- Documentation to demonstrate Mary's progress and continued need for skilled therapy for safe and appropriate progression of exercises

Mary Week 8 Otago

- Visit 5 – Mary has demonstrated adherence and compliance with both the strength and balance and walking program. She still needs to improve endurance and high level balance skills to obtain normative values on objective measures
 - 30 second chair stand: 5 (40% Impaired, CK)
 - 4-Stage Balance: tandem stance 5 seconds (20% impaired, CJ)
 - Timed Up & Go: 13 seconds without assistive device(10% impaired, CI)

Documentation

- The therapist needs to submit documentation to recertify physical therapy for Mary
- The re-certification should include G Codes based on Mary's 8 week performance
- Functional performance measures support Mary will still benefit from skilled physical therapy to minimize her risk of falling.

Mary Month 6 Otago

- The therapist keeps Mary on caseload due to the fact she has progressed but not to the point where her balance impairments are resolved.
- Mary still scores at risk on the functional measures for Chair Rise, Balance Sequence, and Timed up and Go
- Mary does the exercises independently for Months 3 – 5 of Otago
- The therapist calls during each month to ensure Mary's adherence and progress

Mary Month 6 Otago

- The therapist schedules the month 6 visit before the 90 day recertification period
- The therapist re-assesses Mary's performance and reviews the exercises
 - 30 second chair stand: 10 (0% impaired)
 - 4-Stage Balance: single leg stance 5 seconds
 - Timed Up & Go: 11 seconds without assistive device

Mary Month 6

- At month 6 Mary has achieved all of her goals and has demonstrated adherence and compliance with the program
- If Mary requires skilled therapy to continue her progress the therapist could keep Mary on for the remainder of the year (2 more visits) as a maintenance program to ensure she continues her program and achieves a protective effect against falls or fall-related injuries

This would be most important for patients who are demonstrating slow but steady progress, for those who have experienced a setback, for those who have plateaued or for those who are unable to transition to a community program and need to maintain their strength and balance gains by exercising in the home

Mary Month 6

Other options

- The therapist could discharge Mary to a community-based program to continue her progress

Or

- The therapist could transition Mary over to private pay in which the therapist will continue Otago per the frequency and duration but will no longer bill the service to Medicare as Mary is no longer demonstrating the need for skilled therapy to continue her progress
 - If this option is pursued, the patient would need to sign an [“Advanced Beneficiary of Non-Coverage”](#) (ABN) before transitioning over to private pay

Discharge

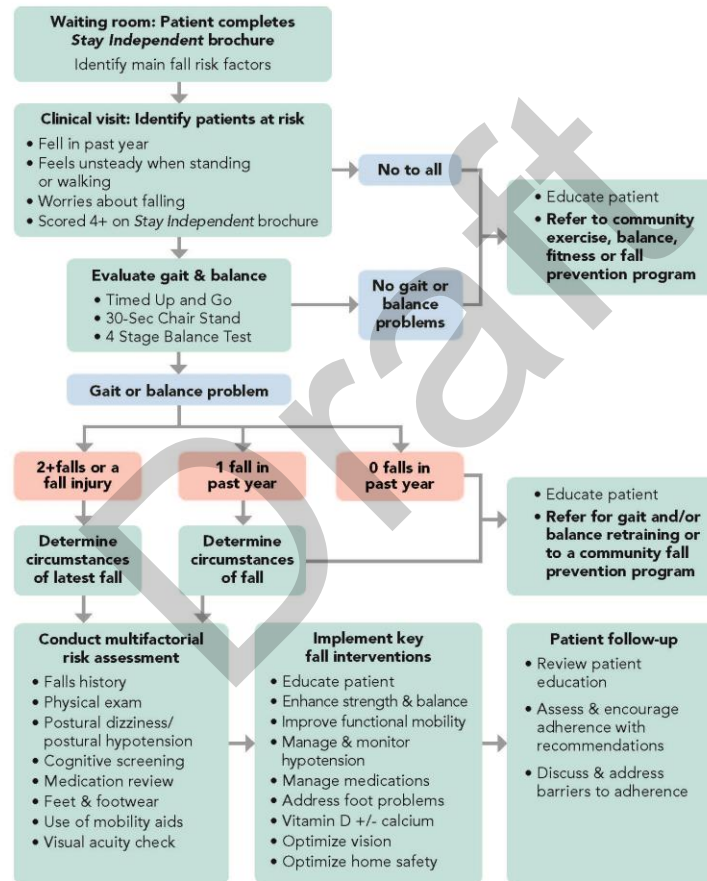
- When Mary has achieved all her goals and discharged from therapy, the therapist must complete a discharge note and include the patient's progress in meeting goals
- Functional limitation codes for projected goal status (G8979) and at discharge (G8980) must be included in discharge note.

Appendix

Draft

STEADI Algorithm

Algorithm for Fall Risk Assessment & Interventions



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

STEADI Stopping Elderly
Accidents, Deaths & Injuries

Chair Stand Scores

Chair Stand—Below Average Scores

| Age | Men | Women |
|-------|------|-------|
| 60-64 | < 14 | < 12 |
| 65-69 | < 12 | < 11 |
| 70-74 | < 12 | < 10 |
| 75-79 | < 11 | < 10 |
| 80-84 | < 10 | < 9 |
| 85-89 | < 8 | < 8 |
| 90-94 | < 7 | < 4 |

G-Code Calculators

G-Code Modifiers for Level of Impairment based on **30-Second Chair Stand** Score by Age (Men)

| | | Percentage Impairment (%) | | | | | |
|-----------------|------------|--|-------|-------|-------|-------|-----|
| | | 0% - 100% | | | | | |
| | | 1-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100 |
| Age (years) | Mean Score | Maximum Score On Test* and Associated % Impaired | | | | | |
| 60-64 | 14 | < 14 | 11 | 8 | 6 | 3 | 0 |
| 65-69 | 12 | < 12 | 10 | 7 | 5 | 2 | 0 |
| 70-74 | 12 | < 12 | 10 | 7 | 5 | 2 | 0 |
| 75-79 | 11 | < 11 | 9 | 7 | 4 | 2 | 0 |
| 80-84 | 10 | < 10 | 9 | 6 | 4 | 2 | 0 |
| 85-89 | 8 | < 8 | 6 | 5 | 3 | 2 | 0 |
| 90-94 | 7 | < 7 | 6 | 4 | 3 | 1 | 0 |
| G-Code Modifier | | CI | CJ | CK | CL | CM | CN |

*# of raises completed in 30 seconds

G-Code Calculators





G-Code Modifiers for Level of Impairment based on **30-Second Chair Stand** Score by Age (*Women*)

| | | Percentage Impairment (%) | | | | | |
|-----------------|------------|--|-------|-------|-------|-------|-----|
| | | 0% - 100% | | | | | |
| | | 1-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100 |
| Age (years) | Mean Score | Maximum Score On Test* and Associated % Impaired | | | | | |
| 60-64 | 12 | < 12 | 10 | 7 | 5 | 2 | 0 |
| 65-69 | 11 | < 11 | 9 | 7 | 4 | 2 | 0 |
| 70-74 | 10 | < 10 | 8 | 6 | 4 | 2 | 0 |
| 75-79 | 10 | < 10 | 8 | 6 | 4 | 2 | 0 |
| 80-84 | 9 | < 9 | 7 | 5 | 4 | 2 | 0 |
| 85-89 | 8 | < 8 | 6 | 5 | 3 | 2 | 0 |
| 90-94 | 4 | < 4 | 3 | 2 | < 2 | 1 | 0 |
| G-Code Modifier | | CI | CJ | CK | CL | CM | CN |

*# of raises completed in 30 seconds

G-Code Calculators

G-Code Modifiers for Level of Impairment based on **Four Stage Balance Test** Score

| Stage/Position | | Percentage Impairment (%) | | | | | |
|-----------------|---|---|-----------|-----------|-----------|-----------|----------------|
| | | 0% - 100% | | | | | |
| | | 1-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100 |
| | | Maximum stage/position and time achievement and Associated % Impaired | | | | | |
| 1 | Side by Side  | | | | | | Unable (0 sec) |
| 2 | Semi-Tandem  | | | 10 sec | 5 sec | < 1 sec | |
| 3 | Tandem (Full)  | < 10 sec | < 5 sec | | | | |
| 4 | Single-Leg Stance  | | | | | | |
| G-Code Modifier | | <i>CI</i> | <i>CJ</i> | <i>CK</i> | <i>CL</i> | <i>CM</i> | <i>CN</i> |

G-Code Calculators

G-Code Modifiers for Level of Impairment based on **Timed Up and Go (TUG)** Score

| | | Percentage Impairment (%) | | | | | |
|-----------------|----|--|------------|------------|------------|-----------|-----------|
| | | 0% - 100% | | | | | |
| | | 1-19 | 20-39 | 40-59 | 60-79 | 80-99 | 100 |
| Cut-Off Score | | Time Required to complete TUG and associated Level of Impairment | | | | | |
| Time (seconds) | 12 | 12 to < 14 | 14 to < 16 | 16 to < 18 | 18 to < 20 | 20 | > 20 |
| G-Code Modifier | | <i>CI</i> | <i>CJ</i> | <i>CK</i> | <i>CL</i> | <i>CM</i> | <i>CN</i> |